

SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:
Bayfield County
Planning and Zoning Depart.
PO Box 58
Washburn, WI 54891
(715) 373-6138

APPLICATION FOR PERMIT
BAYFIELD COUNTY, WISCONSIN

Date Stamp (Received)
RECEIVED
SEP 20 2021

Permit #:	21-0342
Date:	21/10/21
Amount Paid:	\$250.00 LU 9-20-21 Check 2028 \$175.00 TB# 9/23/21 date
Other:	
Refund:	

INSTRUCTIONS: No permits will be issued until all fees are paid.
Checks are made payable to: Bayfield County Zoning Department.

DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.

Original Application MUST be submitted

FILL OUT IN INK (NO PENCIL)

TYPE OF PERMIT REQUESTED	<input checked="" type="checkbox"/> LAND USE	<input type="checkbox"/> SANITARY	<input type="checkbox"/> PRIVY	<input type="checkbox"/> CONDITIONAL USE	<input type="checkbox"/> SPECIAL USE	<input type="checkbox"/> B.O.A.	<input type="checkbox"/> OTHER
Owner's Name:	Heidi Hegstrom	Mailing Address:	216 W. Pine St	City/State/Zip:	Washburn WI 54891	Telephone:	
Address of Property:	26075 City Rd C	City/State/Zip:	Washburn WI 54891	Cell Phone:	715 730 0012		
Email: (print clearly)	heidi of esa 2@yahoo.com						
Contractor:	Self	Contractor Phone:		Plumber:	Blakeman	Plumber Phone:	
Authorized Agent: (Person Signing Application on behalf of Owner(s))		Agent Phone:		Agent Mailing Address (include City/State/Zip):		Written Authorization Required (for Agent)	
PROJECT LOCATION	Legal Description: (Use Tax Statement)	Tax ID#	38305	Recorded Document: (Showing Ownership)	202R 583840		
SW 1/4, SW 1/4	Gov't Lot	Lot(s)	CSM	Vol & Page	CSM Doc #	Lot(s) #	Block #
Section 17	Township 49 N	Range 05 W	Town of:	Bayview	Lot Size	Acreage	32

<input checked="" type="checkbox"/> Shoreland	<input checked="" type="checkbox"/> Is Property/Land within 300 feet of River, Stream (incl. Intermittent) Creek or Landward side of Floodplain? If yes---continue →	Distance Structure is from Shoreline : 200-300 feet	Is your Property in Floodplain Zone? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Are Wetlands Present? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Is Property/Land within 1000 feet of Lake, Pond or Flowage If yes---continue →	Distance Structure is from Shoreline : feet		
<input type="checkbox"/> Non-Shoreland				

Value at Time of Completion * include donated time & material	Project	Project # of Stories	Project Foundation	Total # of bedrooms on property	What Type of Sewer/Sanitary System(s) Is on the property or Will be on the property?	Type of Water on property
\$75,000	<input checked="" type="checkbox"/> New Construction	<input checked="" type="checkbox"/> 1-Story	<input type="checkbox"/> Basement	<input checked="" type="checkbox"/> 1	<input type="checkbox"/> Municipal/City	<input type="checkbox"/> City
	<input type="checkbox"/> Addition/Alteration	<input type="checkbox"/> 1-Story + Loft	<input checked="" type="checkbox"/> Foundation	<input type="checkbox"/> 2	<input type="checkbox"/> (New) Sanitary Specify Type:	<input type="checkbox"/> Well
	<input type="checkbox"/> Conversion	<input type="checkbox"/> 2-Story	<input type="checkbox"/> Slab	<input type="checkbox"/> 3	<input type="checkbox"/> Sanitary (Exists) Specify Type: Vaulted Privy	<input checked="" type="checkbox"/> None
	<input type="checkbox"/> Relocate (existing bldg)			<input type="checkbox"/> None	<input type="checkbox"/> Privy (Pit) or Vaulted (min 200 gallon)	
	<input type="checkbox"/> Run a Business on Property		<input checked="" type="checkbox"/> Year Round	<input type="checkbox"/> Portable (w/service contract)		
	<input type="checkbox"/>			<input type="checkbox"/> Compost Toilet		
				<input type="checkbox"/> None		

Existing Structure: (if addition, alteration or business is being applied for)	Length:	Width:	Height:
Proposed Construction: (overall dimensions)	Length: 44	Width: 36	Height: 10'

Proposed Use	✓	Proposed Structure	Dimensions	Square Footage
<input checked="" type="checkbox"/> Residential Use	<input type="checkbox"/>	Principal Structure (first structure on property)	(X)	
	<input checked="" type="checkbox"/>	Residence (i.e. cabin, hunting shack, etc.)	(44 x 36)	1584
	<input checked="" type="checkbox"/>	with Loft	(X)	
	<input checked="" type="checkbox"/>	with a Porch	(X)	
	<input type="checkbox"/>	with (2nd) Porch	(X)	
	<input type="checkbox"/>	with a Deck	(X)	
<input type="checkbox"/> Commercial Use	<input type="checkbox"/>	with (2nd) Deck	(X)	
	<input type="checkbox"/>	with Attached Garage	(X)	
<input type="checkbox"/> Municipal Use	<input type="checkbox"/>	Bunkhouse w/ (<input type="checkbox"/> sanitary, or <input type="checkbox"/> sleeping quarters, or <input type="checkbox"/> cooking & food prep facilities)	(X)	
	<input type="checkbox"/>	Mobile Home (manufactured date)	(X)	
	<input type="checkbox"/>	Addition/Alteration (explain)	(X)	
	<input type="checkbox"/>	Accessory Building (explain)	(X)	
	<input type="checkbox"/>	Accessory Building Addition/Alteration (explain)	(X)	
	<input type="checkbox"/>	Special Use: (explain)	(X)	
	<input type="checkbox"/>	Conditional Use: (explain)	(X)	
	<input type="checkbox"/>	Other: (explain)	(X)	

FAILURE TO OBTAIN A PERMIT or STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES

I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

Owner(s): Heidi Hegstrom
(If there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)

Date: 9/15/21

Authorized Agent: (See Note below)
(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

Date:

Address to send permit: 216 W-Pine St Washburn, WI 54891

Attach
Copy of Tax Statement

If you recently purchased the property send your Recorded Deed

Turn Over

In the box below: **Draw or Sketch your Property** (regardless of what you are applying for)

- (1) Show Location of:

(2) Show / Indicate:

(3) Show Location of (*):

(4) Show:

(5) Show:

(6) Show any (*):

(7) Show any (*):
- Proposed Construction

North (N) on Plot Plan

(*) Driveway and (*) Frontage Road (Name Frontage Road)

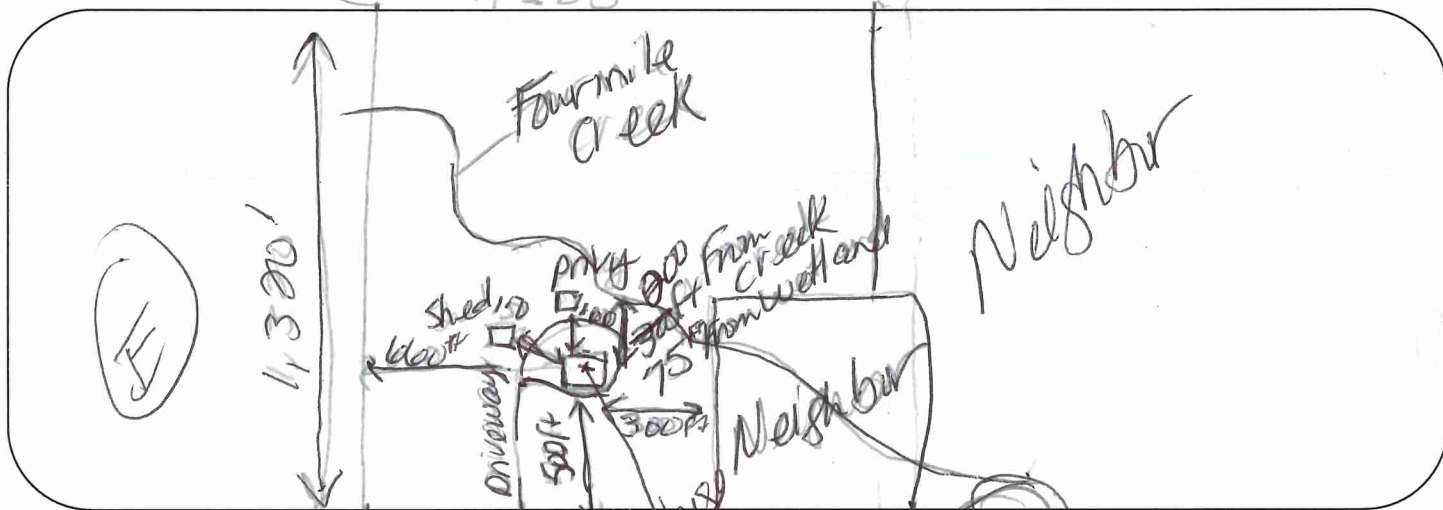
All Existing Structures on your Property

(*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P)

(*) Lake; (*) River; (*) Stream/Creek; or (*) Pond

(*) Wetlands; or (*) Slopes over 20%

Fill Out in Ink – NO PENCIL



Please complete (1) – (7) above (prior to continuing)

- (8) **Setbacks:** (measured to the closest point)

Description	Setback Measurements	Description	Setback Measurements
Setback from the Centerline of Platted Road	650 550 Feet	Setback from the Lake (ordinary high-water mark)	Feet
Setback from the Established Right-of-Way	600 505 Feet	Setback from the River, Stream, Creek	200 300 Feet
		Setback from the Bank or Bluff	Feet
Setback from the North Lot Line	600 520 Feet		
Setback from the South Lot Line	620 820 Feet	Setback from Wetland	110 75 Feet
Setback from the West Lot Line	350 300 Feet	20% Slope Area on the property	<input type="checkbox"/> Yes <input type="checkbox"/> No
Setback from the East Lot Line	520 600 Feet	Elevation of Floodplain	Feet
Setback to Septic Tank or Holding Tank	Feet	Setback to Well	Feet
Setback to Drain Field	Feet		
Setback to Privy (Portable, Composting)	100 Feet		

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

- (9) **Stake or Mark Proposed Location(s)** of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).

NOTICE(s):

All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.
For the Construction of New One & Two Family Dwelling: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code.
The local Town, Village, City, State or Federal agencies may also require permits.

If subject property is part of a Condominium Plat, applicant hereby certifies and represents that applicant has all necessary approvals and recorded documents required to complete the project for which this permit is sought including requirements set forth in Wisconsin statutes pertaining to condominium associations, the Declaration of the Condominium Association in which the property is located, and all other rules, regulations and requirements pertaining to that Condominium Association.

You are responsible for complying with state and federal laws concerning construction near or on wetlands, lakes, and streams. Wetlands that are not associated with open water can be difficult to identify. Failure to comply may result in removal or modification of construction that violates the law or other penalties or costs. For more information, visit the department of natural resources wetlands identification web page or contact a department of natural resources service center (715) 685-2900.

Issuance Information (County Use Only)	Sanitary Number: 20-0310	# of bedrooms:	Sanitary Date: 11-12-20
Permit Denied (Date):	Reason for Denial:		
Permit #: 21-0346	Permit Date: 10-15-21		
Is Parcel a Sub-Standard Lot Is Parcel in Common Ownership Is Structure Non-Conforming	<input type="checkbox"/> Yes (Deed of Record) <input type="checkbox"/> Yes (Fused/Contiguous Lot(s)) <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No <input type="checkbox"/> No	Mitigation Required Mitigation Attached	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Affidavit Required Affidavit Attached
Granted by Variance (B.O.A.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Case #:	Previously Granted by Variance (B.O.A.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Case #:
Was Parcel Legally Created Was Proposed Building Site Delineated	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No on plot plan	Were Property Lines Represented by Owner Was Property Surveyed	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Inspection Record: Site appears code compliant. Not staked but used provided measurements from existing buildings.		Zoning District (F1) Lakes Classification (3)	
Date of Inspection: 10-12-21	Inspected by: Todd Norwood	Date of Re-Inspection:	
Condition(s): Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No – (If No they need to be attached.) Must obtain a uniform Dwelling Code (UDC) permit from the locally contracted UDC inspection agency prior to start of construction. Must meet and maintain setbacks. No pressurized water or plumbing allowed inside structure.			
Signature of Inspector: Todd Norwood			Date of Approval: 10-15-21
Hold For Sanitary: <input type="checkbox"/>	Hold For TBA: <input type="checkbox"/>	Hold For Affidavit: <input type="checkbox"/>	Hold For Fees: <input type="checkbox"/>

TOWN BOARD RECOMMENDATION - - (CLASS A - SPECIAL USE)

When **Town Board** has completed this form, please mail to:

Bayfield County Planning and Zoning Department
P.O. Box 58 – Washburn, WI 54891
Phone – (715) 373-6138
Fax – (715) 373-0114
e-mail: zoning@bayfieldcounty.org

Website:
www.bayfieldcounty.org/147

Date Zoning Received: (Stamp Here)

RECEIVED
SEP 22 2021
Bayfield Co.
Planning and Zoning Agency

Property Owner(s) are responsible to give this form to the Town Clerk. **Attach a copy of the County Application (8 1/2 x 14) [front/back].** This is a **Class A** special use request. **Note:** The Town's **Planning Commission** meets prior to the Town. Once the Town meets they will forward their recommendation to the Planning and Zoning Department. **Ask Town if you should be present at their meeting(s).**

Property Owner Heidi Hegstrom

Contractor Self

Property Address 26075 County Rd C

Authorized Agent _____

Washburn, WI 54891

Agent's Telephone _____

Telephone 715 730 0002

Written Authorization Attached: Yes () No ()

Accurate Legal Description involved in this request (specify **only** the property involved with this application)

SW 1/4 of SW 1/4, Section 17, Township 49 N., Range 05 W. Town of Bayview

Govt. Lot _____ Lot _____ Block _____ Subdivision _____ CSM# _____

Volume 12 Page 292 of Deeds Tax I.D.# 38305 Acreage 32

Additional Legal Description: 254 507

Applicant: (State what you are asking for)

Zoning District: F1

Lakes Classification 3

Permission to build a residential home

We, the Town Board, **TOWN OF** Bayview, do hereby recommend to

☐ Table

☒ Approval

☐ Disapproval

Have you reviewed this for Compatibility with the Comprehensive and/or Land Use Plan: ☒ Yes ☐ No

Township: (In detail clearly state Town Board's reason for recommendation of tabling, approval or disapproval)

APPROVED

** THE FOLLOWING **MUST** BE INCLUDED WITH THIS FORM:

1. The Tabled, Approval or Disapproval box checked
2. The Town's reasoning for the tabling, approval or disapproval
3. The form returned to Zoning Department **not a copy or fax**

**** NOTE:**

Receiving Town Board approval, **does not** allow the start of construction or business, you **must** first obtain your permit card(s) from the Planning and Zoning Department.

Revised: November 2017

Signed:

Chairman: Paul Giv

Supervisor: Bill Bogen

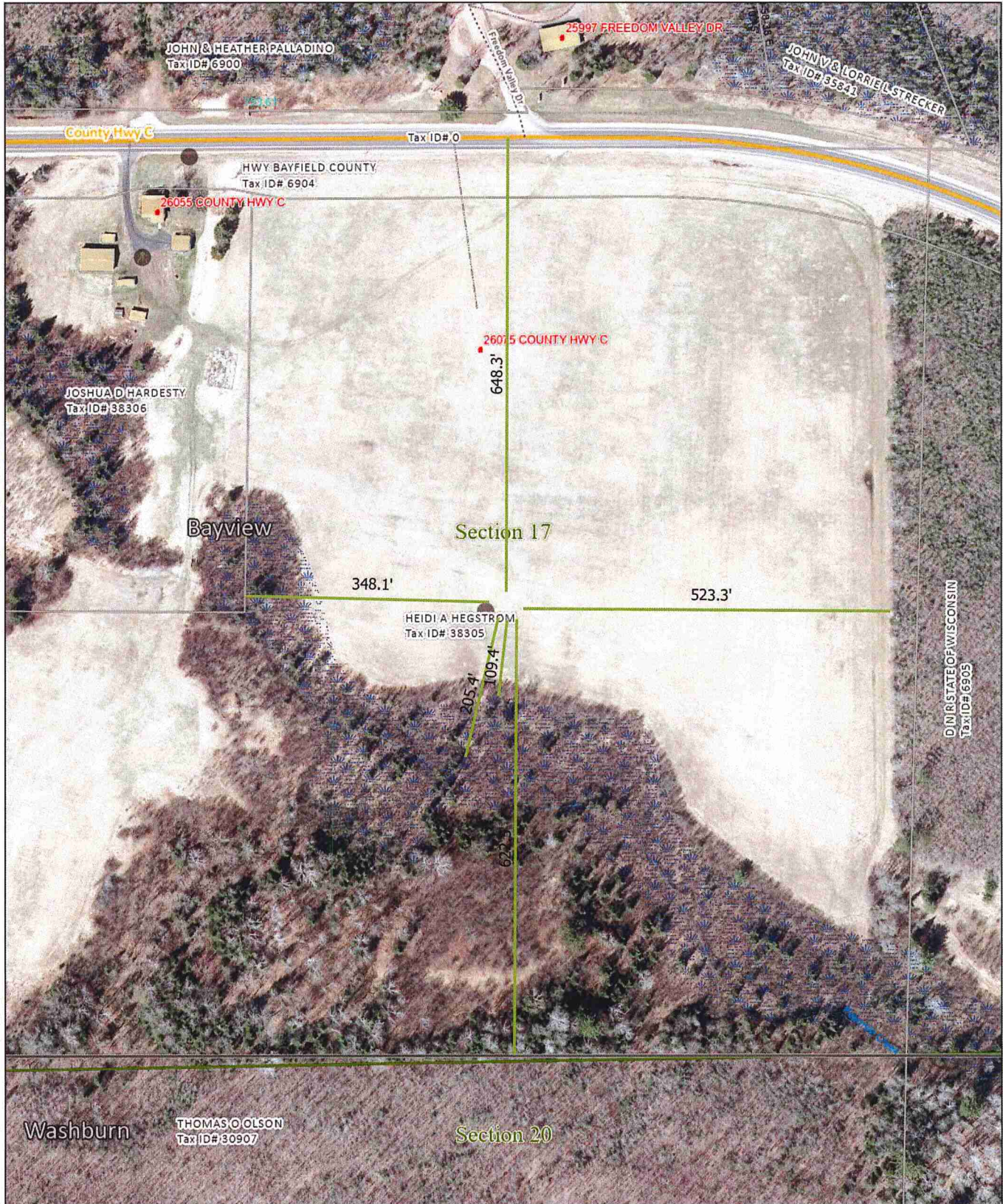
Supervisor: Mick

Supervisor: _____

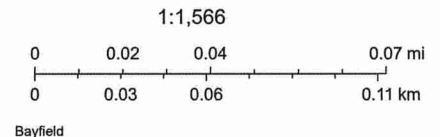
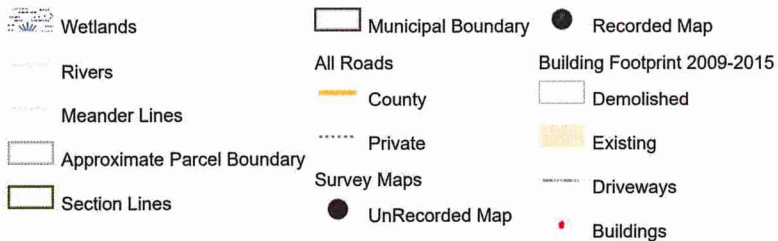
Clerk: Standa Hyde

Date: 9/21/21

Bayfield County, WI



10/15/2021, 9:25:16 AM



Real Estate Bayfield County Property Listing

Today's Date: 9/15/2021

Property Status: C

Created On: 9/3/2020 1:45

Description	Updated: 9/3/2020
Tax ID:	38305
PIN:	04-008-2-49-05-17-3 03-000-30000
Legacy PIN:	
Map ID:	
Municipality:	(008) TOWN OF BAYVIEW
STR:	S17 T49N R05W
Description:	SW SW LESS PAR FOR HWY IN V.254 P.507 & LESS LOT 1 CSM #2133 IN V.12 P.292 IN DOC 2020R-583840
Recorded Acres:	0.000
Calculated Acres:	32.100
Lottery Claims:	0
First Dollar:	No
ESN:	106


Tax Districts	Updated: 9/3/2020
1	STATE
04	COUNTY
008	TOWN OF BAYVIEW
046027	SCHL-WASHBURN
001700	TECHNICAL COLLEGE

Recorded Documents	Updated: 9/3/2020
WARRANTY DEED	
Date Recorded: 8/24/2020	2020R-583840
CERTIFIED SURVEY MAP	
Date Recorded: 7/31/2020	2020R-583452 12-292

Ownership	Updated: 9/3/2020
HEIDI A HEGSTROM	WASHBURN

Billing Address:	Mailing Address:
HEIDI A HEGSTROM 26055 COUNTY HWY C WASHBURN WI 54891	HEIDI A HEGSTROM 26055 COUNTY HWY C WASHBURN WI 54891

Site Address	* indicates Private Road
26075 COUNTY HWY C	WASHBURN

 **Property Assessment** Updated: 4/1

2021 Assessment Detail

Code	Acres	Land
5m-AGRICULTURAL FOREST	6.000	4,300
G4-AGRICULTURAL	17.000	2,300
G5-UNDEVELOPED	11.000	2,800

2-Year Comparison	2020	2021	C
Land:	0	9,400	:
Improved:	0	0	:
Total:	0	9,400	:

Property History
Parent Properties
04-008-2-49-05-17-3 03-000-20000

HISTORY [Expand All History](#) White=Current Parcels Pink=Retired Parcels

Tax ID: 6903 **PIN:** 04-008-2-49-05-17-3 03-000-20000 **Leg. Pin:** 008105605000

38305 This Parcel ↑ Parents ↓ Children

Town, City, Village, State or Federal
Permits May Also Be Required

LAND USE – **X**

SANITARY – (existing #20-0310)

SIGN –

SPECIAL (TBA) – **X** (Town of Bayview-9/22/2021)

CONDITIONAL –

BOA –

BAYFIELD COUNTY

PERMIT

WEATHERIZE AND POST THIS PERMIT
ON THE PREMISES DURING CONSTRUCTION

No. **21-0346** Issued To: **Heidi Hegstrom**

Location: **SW** ¼ of **SW** ¼ Section **17** Township **49** N. Range **5** W. Town of **Bayview**
Less par for Hwy in V 254 P 507 & Less Lot 1 CSM #2133 in V.12 P. 292

Gov't Lot	Lot	Block	Subdivision	CSM#
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For: **Residential: [1 - Story] Residence (44' x 36') = 1,584 sq. ft.] Height 16'**

(Disclaimer): Any future expansions or development would require additional permitting.

Condition(s): **Must obtain a Uniform Dwelling Code (UDC) Permit from the locally contracted UDC Inspection Agency prior to start of construction. Must meet and maintain setbacks. No pressurized water or plumbing allowed inside structure.**

NOTE: This permit expires one year from date of issuance if the authorized construction work or land use has not begun.

Changes in plans or specifications shall not be made without obtaining approval. This permit may be void or revoked if any of the application information is found to have been misrepresented, erroneous, or incomplete.

This permit may be void or revoked if any performance conditions are not completed or if any prohibitory conditions are violated.

Todd Norwood, AZA

Authorized Issuing Official

October 22, 2021

Date